

Foster Family Home - Deficiency Report

Provider ID: 1-130015

Home Name: Ederlina Tangonan, CNA

Review ID: 1-130015-14

91-915 Mailani Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 2/10/2023

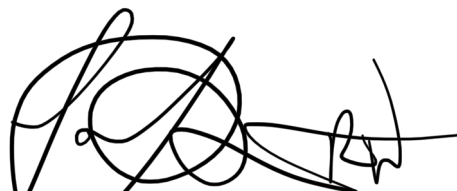
Foster Family Home **Required Certificate** **[11-800-6]**

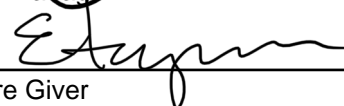
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

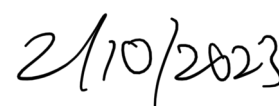
6(d)(1) Unannounced visit made for a 2 bed annual inspection.

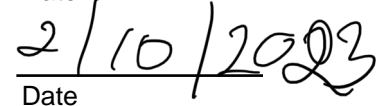
CCFFH met all requirements at the time of the inspection/visit.



Compliance Manager


Primary Care Giver



Date


Date